PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSU. FEE Commissioner for FEE Commissioner for FEE Commissioner for FEE Commissioner for FEE Alexandria, Virginia 22313-1450 or Fax (571)-273-2880.

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Fatent, advance orders and notification of maintenance fees will be amiled to the current correspondence or including the Fatent, advance orders and notification of maintenance fees will be mainled to the current correspondence address as indicated unless corrected below or directed underswire in Block 1, by (a) specifying a new overespondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| maintenance lee nouncauc | J118. | | | | | | | |
|---|---|--|--|---|---|--|---|--|
| CURRENT CORRESPONDEN | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | | | |
| 20999 | | | | | | | | |
| FROMMER LA 745 FIFTH AVEN NEW YORK, NY | I hereby certify that this Fee(s) Transmits is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | | |
| | | | Maria Lapi | Maria Lapitan (Depositor's | | | | |
| | | | allen | tom | | (Signature) | | |
| | | | | August 0 | 4, | 2008 | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVE | | ATTOR | ORNEY DOCKET NO. CONFIRMATION N | | |
| 09/904,317 | 07/12/2001 | | Tadahiro Ohata | | 450100-03327 1817 | | 1817 | |
| TITLE OF INVENTION: ON-DEMAND IMAGE DELIVERY SERVER, IMAGE RESOURCE DATABASE, CLIENT TERMINAL, AND METHOD OF DISPLAYING RETRIEVAL RESULT | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE D | UE PREV. PAID ISSU | JE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$0 | | 09/16/2008 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | | |
| NGUYEN, MADELEINE ANH VINH | | 2625 | 358-001150 | | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | 2. For printing on the patent front page, list FROMMER LAWRENCE & (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | |
| Address form PTO/SB/122) attached. Pro/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agen) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed in the property of the property | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| | | | | : (CITY and STATE OR COUNTRY) | | | | |
| SONY CORPOR | | KYO, JAPAN | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patient) : 🔲 Individual 🗶 Corporation or other private group entity 🚨 Government | | | | | | | | |
| 4a. The following fee(s) an | e submitted: | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. | | | | | | |
| Dublication Fee (No | | Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| Advance Order - # of Copies 3 | | | | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0320 (enclose an extra copy of this form). | | | | |
| 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | | |
| NOTE: The Issue Fee and interest as shown by the re- | | | | | | | | |
| interest as shown by the re- | 1 100 | 1111 | Onice. | | | 1 | | |
| Authorized Signature Wolfay // France | | | | Date Augu | st | 7 , 2008 | <u> </u> | |
| Typed of printed name | | | Registration | . 10. | 25,506 | | | |
| This collection of informat an application. Confidentia submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22312 | ion is required by 37 C slity is governed by 35 application form to the as for reducing this but ginia 22313-1450. DC 3-1450. | FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR | on is required to obtain 1.14. This collection is depending upon the is e Chief Information O COMPLETED FORM | or retain a benefit by s estimated to take 12 ndividual case. Any c fficer, U.S. Patent and S TO THIS ADDRES | the publi minutes omments I Tradema S. SEND | c which is to file (and to complete, including on the amount of tin ark Office, U.S. Depa TO: Commissioner 1 | by the USPTO to process) g gathering, preparing, and le you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450, | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number